

U. S. Department of State

OMB NO. 1405-0187 EXPIRES - 6/30/2012 Estimated Burden - 30 minutes

CONSULAR OFFICES OF THE UNITED STATES OF AMERICA

AFFIDAVIT OF PARENTAGE, PHYSICAL PRESENCE AND SUPPORT

(nombre de la persona que j	jura) do so	lemnly swear (or affirm	n):		- 1
Name					- 1
That I am a U.S. citizen/U.S. non-citizen national	by: (choose one) (Qu	e soy ciudada	ano americano p	por)	- 1
		,			- 1
1) birth in (lugar de nacimiento: c City/Town, State	<u>ciudad, esta</u> do) <u>(mes, dia,</u> Date (mm-dd-yyyy)			
(fecha de 2) naturalization on <u>naturalizacie</u> (mecha de	(nombre de la	corte)			- 1
Date (mm-dd-yyyy)	Name of Court	COLUMN TO THE PARTY OF THE PART			- 1
(fecha de	(-) - II O W				
 birth abroad on <u>registro</u> to U.S. citizen Date (mm-dd-yyyy) 	i(s) or U.S. non-citizen n	ational(s) in <u>(pa</u> Country	ıs)	F	- 1
(casado)_	(casado con an	terioridad)			- 1
	reviously Married				- 1
(fecha de married on matrimonio) to (nombre	dol abrigida)				- 1
Date (mm-dd-yyyy) Name	der conyuge)				- 1
Sate (min do yyyy) Name					
(lugar del	(soltero/a)				- 1
in matrimonio) or	(soltero/a)				- 1
Country					- 1
That I am the biological parent of: (Que soy	el padre/mad Date of Birth	re biológico	de:)		- 1
Name of Child		Place of Birth			- 1
	(fecha de	(lugar de	nacimiento: c	iudad,	- 1
(nombre de hijo/a)	hacimiento	estado)			- 1
					- 1
					- 1
					- 1
					- 1
					- 1
					- 1
	1 1				- 1
(Continue on a separate sheet, if necessary)	or de escribi	r el nombre d	de todos los h	ijos/as qu	ie :
(Continue on a separate sneet, if necessary)):%	
					- 1

lace (City, State)			Date (mm-dd-yyyy)	
Fresno,CA			То	
Dallas, TX		From	To June 1975	
Dallas, TX			_{то} July 1978	
Houston, TX		From July 1978	April 1980	
Dallas, TX		April 1980 June 1980		
continue on a separate sheet, if necess Que he estado en el es hat I have been physically present abro	xtrafijero:)	de ser ne	cesario continúe en una hoja por separad Purpose (Indicate purpose of trip: vacation, residence, business, studies, U.S. government employment, U.S. military service, U.S. military dependent, etc. If working abroad give name of employer)	
Monterrey, N.L.	From May 1974	To June 197	4 Vacations	
Durango, Dgo.	From June 197	To 5 Aug. 197	Vacations	
Monterrey, N.L.	From April 19	To 80 April 1	80 Vacations	
Monterrey, N.L.	From June 198	O July 198	Vacations	
continue on a separate sheet, if necession caso de ser necesar hat the other biological parent of the algue el otro padre biological parent of the algue el otro padre biological padre is a citizen or national of the U.S. is not a citizen of the U.S. (no	rio continú pove-named child/c lógico del /madre)	niño solic niño solic ano/a esta	am applying for citizenship is itando ciudadanía es) dounidense)	
the other parent is a U.S. citizen/U.S. i el otro padre/madre pirth in (lugar de nacimie) City/Town, State fecha de naturalization on Date (mm-dd-yyyy)	es ciudada nto)	no/a estade on - c re de la c	(mes, día año) Date (mm-dd-yyyy)	
(fecha de	.S. citizen(s)/U.S. n		(s) in (pais)	

PART II

(All applicants with a child/children born out of wedlock)

(Solicitantes cuyo hijo/a por el cual aplica para la ciudadanía es nacido That the non-applying parent has been physically present in the United States as follows: (INFORMATION ABOUT THE UNMARRIED NON-APPLYING PARENT SHOULD ONLY BE PROVIDED IF THAT PARENT IS A U.S. CITIZEN OR U.S. NON-CITIZEN NATIONAL) fuera del matrimonio)

Place (City, State)	(mm-dd-yyyy)	(mm-dd-yyyy)
	From	То
	From	То
***************************************	From	То
Minute Action Control of the Control	From	То
	From	То
	From	То
	CONTRACTOR OF THE PROPERTY OF	1

(Continue on a separate sheet, if necessary)

PLEASE STOP HERE! Part II of this document must be signed before a Consular Officer or other authorized individual at the time the oath is sworn.

My child was born out of wedlock, and I am the father through whom such child is claiming U.S. citizenship. I agree to provide financial support for such child until he/she reaches the age of eighteen years.

(Se firma frente al Vicecónsul)

Signature of Affiant

Subscribed and sworn before me this	day of	
[SEAL]		
1	Signature and Title of Official Administering Oath	_

PART III

(Oath: To be completed by all applicants)

PLEASE STOP HERE! Part III of the document must be signed before a Consular Officer or other authorized individual at the time the oath is sworn.

WARNING: False statements made knowingly and willfully in applications for citizenship documentation or affidavits and other supporting documents are punishable by fine and/or imprisonment under the provisions of 18 USC 1001 and other applicable criminal statutes.

A U.S. consular officer may require additional evidence of one's blood relationship to one's child and/or evidence of one's physical presence or residence in the United States.

I solemnly swear (or affirm) that all the statements contained in this affidavit are true and complete to the best of my knowledge and belief, and that this affidavit is for the purpose of establishing my relationship to the aforementioned child/children and his/her/their claim to U.S. citizenship.

(Se firma frente	al Viceconsul)		
Signature of affiant			
(dirección actual	L)		
Present Street Address			
(ciudad)	(estado)	(país)	
City	State	Country	
	(teléfono con lada de l elephone Number	arga distancia)	
SUBSCRIBED AND SWORN	TO (AFFIRMED) before me this	day of , _	
at			
		[SEAL]	

Signature and Title of Administering Officer

PRIVACY ACT STATEMENT

AUTHORITY: The State Department is authorized to collect this information pursuant to 8 U.S.C. § 1104(a)(1), 1104(a)(3), 1401 [INA 301], 1408, 1409(a) [INA 309], 1409(a)(3), 22 U.S.C. § 211(a) and 213.

PURPOSE: The principal purpose of the information gathered is to determine if a child's U.S. citizen/national parent(s) possessed the requisite physical presence or residence in the United States prior to the child's birth to transmit U.S. citizenship (or U.S. non-citizen nationality) to the child; to establish parentage of the child, and, when appropriate, to fulfill the provisions of 8 U.S.C. § 1409(a)(3) which requires a written statement of financial support to be provided by U.S. citizen fathers for children born out of wedlock.

ROUTINE USES: The information solicited on this form may be made available to Federal government entities such as the Social Security Administration, the Department of Homeland Security, and Department of Justice, in connection with processing of immigration and naturalization matters. Information also can be made available to appropriate federal, state, local or foreign government entities, such as state law enforcement agencies, state prosecutors, judicial staff, local police, and INTERPOL, in connection with law enforcement, safety, welfare and related matters. These matters include custody disputes and notification of next of kin.

Furnishing the information on this form is voluntary; however, failure to furnish the requested information may delay or prevent you from being able to obtain U.S.

PAPERWORK REDUCTION ACT (PRA) STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202.